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Image# 201602199008521583

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X Fo	r Other Than An Aut	horized Committee		Office U	Jse Only
NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, over the lines.	type 1	2FE4M5	
Massachusetts Mutual L	ife Insurance Comp	pany Political Acti	on Comm	nittee	
<u> </u>					
ADDRESS (number and street)	1295 State Street				
Check if different than previously reported. (ACC)	Springfield			MA 0111	1-0001
2. FEC IDENTIFICATION NUM	IBER ▼ CIT	ГУ▲	STA	ATE 🛦	ZIP CODE ▲
C C00118943		S THIS X NE	W OR	AMENDED (A)	)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	Report Due On:  Mar  Apr  (c) 12-Day  PRE-Election  Report for the:	Primary (12P) Convention (12 on on General (30G)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10 General (12G) Special (12S)  Runoff (30R)	(Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 01  I certify that I have examined this	O1 2016	through	01 /	3120	)16
Type or Print Name of Treasurer	Mr. Bruce C. Frisbie	my knowledge and bel	iei ii is iiue,	correct and compr	
Signature of Treasurer Mr. Bru	ce C. Frisbie	[Electronically F	iled] Date	00	9 2016
NOTE: Submission of false, erroneo	us, or incomplete informatio	n may subject the persor	signing this	Report to the penal	ties of 2 U.S.C. §437g.
Office Use Only				I	C FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### Massachusetts Mutual Life Insurance Company Political Action Committee

Report Covering the Period: From: 01 01 2016 To: 01 31 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2016		137248.25
	(b) Cash on Hand at Beginning of Reporting Period	137248.25	
	(c) Total Receipts (from Line 19)	53126.48	53126.48
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	190374.73	190374.73
7.	Total Disbursements (from Line 31)	60402.23	60402.23
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	129972.50	129972.50
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### Massachusetts Mutual Life Insurance Company Political Action Committee

I. Receipts	COLUMN B Calendar Year-to-Date	
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	14404.83	14404.83
(ii) Unitemized	35686.99	35686.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	50091.82	50091.82
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	50091.82	50091.82
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
8. All Loans Received	0.00	0.00
_		7
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.)		
	0.00	0.00
(Carry Totals to Line 37, page 5)		0.00
to Federal Candidates and Other	2000.00	3000.00
Political Committees	3000.00	3000.00
7. Other Federal Receipts		0.100
(Dividends, Interest, etc.)	34.66	34.66
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	2.22	
(from Schedule H3)	0.00	0.00
	2.22	
(b) Levin Funds (from Schedule H5)	0.00	0.00
//		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),     12, 13, 14, 15, 16, 17, and 18(c))  ▶	53126.48	53126.4
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	53126.48	53126.48

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures:     (a) Allocated Federal/Non-Federal	Total Tillo I criou	Calcilual Teal-IO-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(") No Follows	0.00	0.00			
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00			
Expenditures	109.88	109.88			
(c) Total Operating Expenditures					
(add 21(a)(i), (a)(ii), and (b)) ▶	109.88	109.88			
2. Transfers to Affiliated/Other Party					
Committees	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	60000.00	60000.00			
. Independent Expenditures	0.00	0.00			
(use Schedule E)	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
. Loan Repayments Made	0.00	0.00			
7. Loans Made	0.00	0.00			
Refunds of Contributions To:	7				
(a) Individuals/Persons Other Than Political Committees	292.35	292.35			
=					
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	0.00	0.00			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	292.35	292.35			
Other Disbursements	0.00	0.00			
. Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
(ii) "Lovin" Shara	0.00	0.00			
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00				
With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add					
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Dichureaments (add Lines 21/s) 22					
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	60402.23	60402.23			
20, 27, 20, 20, 21, 20(a), 20 and 30(b))	00402.23	60402.23			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	60402.23	60402.23			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page **5** 

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	50091.82	50091.82
4. Total Contribution Refunds (from Line 28(d))	292.35	292.35
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49799.47	49799.47
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	109.88	109.88
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	109.88	109.88

Use separate schedule(s) for each category of the Detailed Summary Page

_	FOR LINE NUMBER:						6	OF		23
(check only one)										
X	11a		11b		11c		12	!		
	13		14		15		16	;		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) CALE P. SMITH  Mailing Address 1956 LONGWOOD DR		Date of Receipt  01 31 2016
City	State Zip Code	Transaction ID : 15009466
BATON ROUGE	LA 70808-1247	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
SELF	GENERAL INSURANCE AGENT	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MICHAEL J. LEVIN	1	Date of Receipt
Mailing Address 3015 W EUCLID AVE		M = M / D = D / Y = Y = Y
City	State Zip Code	01 15 2016
City TAMPA	FL 33629-8954	Transaction ID : 69500106
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
SELF	GENERAL INSURANCE AGENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial)	, , , , , , , , , , , , , , , , , , , ,	Potent Pouri
WILLIAM E. THOMPSON II  Mailing Address 2124 HIGHLAND RIDGE	E DR	Date of Receipt  O1 28 2016
City	State Zip Code	Transaction ID : 69685812
PHOENIX	MD 21131-1218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
SELF	GENERAL INSURANCE AGENT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	5000.00	

### SCHEDULE A (FEC Form 3X)

	F	OR	LINE	NU	MBER	:	PAGE	7	OF	23
Use separate schedule(s)	(0	he	ck only	or	ne)					
for each category of the Detailed Summary Page		×	11a		11b		11c	12		
			13		14		15	16		17

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insurance Company Political Action Committee Full Name (Last, First, Middle Initial) LAWRENCE M. ASUNCION Date of Receipt Mailing Address 1156 BARCELONA DR 04 2016 City Zip Code State Transaction ID: 69962101 **PACIFICA** CA 94044-3509 Amount of Each Receipt this Period FEC ID number of contributing 0.00 federal political committee. Name of Employer Occupation **SELF** INSURANCE BROKER Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$10.00 This changes -10.00 Other (specify) the YTD Total to \$-10.00 Full Name (Last, First, Middle Initial) B. STEPHEN G. DEBACKER Date of Receipt Mailing Address PO BOX 226 01 2016 31 City State Zip Code Transaction ID: 69962102 **PREEMPTION** IL 61276-0226 Amount of Each Receipt this Period FEC ID number of contributing 0.00 federal political committee. Name of Employer Occupation **SELF INSURANCE AGENT** Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$83.15 This changes 0.00 Other (specify) the YTD Total to \$0.00 Full Name (Last, First, Middle Initial) c. PHILIP D. ROGERO Date of Receipt Mailing Address 1480 SAINT MARKS POND BLVD 01 31 2016 City State Zip Code Transaction ID: 69962103 FL ST AUGUSTINE 32095-8444 Amount of Each Receipt this Period FEC ID number of contributing 0.00 С federal political committee. Name of Employer Occupation **INSURANCE AGENT SELF** Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$70.00 This changes -57.50Other (specify) the YTD Total to \$-57.50

7

0.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FO	PAGE		8	OF	23				
(check only one)									
E	<b>1</b> 1a		11b		11c		12		
	13		14		15		16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Massachusetts Mutual Life Insu	urance Company Political Action C	Committee
Full Name (Last, First, Middle Initial)  A. TANIA HERBERT		Date of Receipt
Mailing Address 2621 THOMAS ST		01 31 2016
City LOS ANGELES	State Zip Code CA 90031-2449	Transaction ID : 69962104
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer	Occupation	1
SELF	INSURANCE AGENT	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	[MEMO ITEM]
Other (specify)	-150.00	Refund(s) on Schedule B Totaling \$175.00 This changes the YTD Total to \$-150.00
Full Name (Last, First, Middle Initial)  3. MR. MARK ROELLIG		Date of Receipt
Mailing Address 11 COBTAIL WAY		01 31 2016
City	State Zip Code	Transaction ID : PR1120475445884
SIMSBURY	CT 06070-2530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	384.60
Name of Employer	Occupation	1
MASSACHUSETTS MUTUAL LIFE INS.	EVP & GENERAL COUNSEL	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name (Last, First, Middle Initial)  . MR. ANTHONY SCIACCA		Date of Receipt
Mailing Address 5619 CHALLISFORD LN		01 31 2016
City	State Zip Code	Transaction ID : PR1264218145884
CHARLOTTE	NC 28226-2627	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	425.50
Name of Employer	Occupation	1
BABSON CAPITAL MANAGEMENT LLC	MANAGING DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	425.50	P/R Deduction (\$212.75 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		810.10
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

F	FOR LINE NUMBER:						9	OF	23
(0	che	ck only							
	X	11a		11b		11c	12		
		13		14		15	16	;	17

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Massachusetts Mutual Life Ins	urance Company Political Action C	committee
Full Name (Last, First, Middle Initial) MR. MICHAEL R FANNING Mailing Address 140 COLONIAL AVE		Date of Receipt
City NORTH ANDOVER	State Zip Code MA 01845-6349	01 31 2016  Transaction ID : PR1360837745884  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	384.60
Name of Employer  MASSACHUSETTS MUTUAL LIFE INS.	Occupation EVP - U.S. INSURANCE GROUP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name (Last, First, Middle Initial)  MR. DOUGLAS RUSSELL  Mailing Address 4 CRAIGIE ST		Date of Receipt
City CAMBRIDGE	State Zip Code MA 02138-3470	01 31 2016  Transaction ID : PR1500908545884
FEC ID number of contributing federal political committee.	MA 02138-3470	Amount of Each Receipt this Period 424.08
Name of Employer MASSACHUSETTS MUTUAL LIFE INS. Receipt For:	Occupation SVP - STRATEGY AND CORP DEVELOPMEN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	424.08	P/R Deduction (\$212.04 Bi-Weekly)
Full Name (Last, First, Middle Initial)  MR. MELVIN TI CORBETT		Date of Receipt
Mailing Address 11 MOUNTAIN SPRING RD  City	State Zip Code	01 31 2016
FARMINGTON	CT 06032-1612	Transaction ID : PR1929995845884  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60
Name of Employer  MASSACHUSETTS MUTUAL LIFE INS.  Receipt For:	Occupation EVP & CHIEF INVESTMENT OFFICER	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  384.60	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1193.28
TOTAL This Period (last page this line number	conly)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	1	10	OF		23	
(che	(check only one)									
X	11a		11b		11c		12			
	13		14		15		16			17

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or for commercial purposes, other than usin	ng the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Massachusetts Mutual Life I	Insurance Company Political Action (	Committee
Full Name (Last, First, Middle Initial)  MR. SCOTT DA BROWN		Date of Receipt
Mailing Address 479 CHESTNUT ST		01 31 2016 .
City	State Zip Code	Transaction ID : PR2166460245884
WABAN	MA 02468-1204	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	277.78
Name of Employer	Occupation	+
CORNERSTONE RE ADVISERS LLC	MANAGING DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	277.78	P/R Deduction (\$138.89 Bi-Weekly)
Full Name (Last, First, Middle Initial)  3. ALAN L. MELTZER		Date of Receipt
Mailing Address 2000 S OCEAN BLVD		01 31 _ 2016 _
City	State Zip Code	Transaction ID : PR789845145884
BOCA RATON	FL 33432-8068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.35
Name of Employer	Occupation	1
SELF 	INSURANCE AGENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.35	P/R Deduction (\$208.35 Semi-Monthly)
Full Name (Last, First, Middle Initial)  C. ROBERT T. SINKS		Date of Receipt
Mailing Address 3428 HAMPTON AVE		01 31 2016
City	State Zip Code	Transaction ID : PR790086645884
NASHVILLE	TN 37215-1408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	208.35
Name of Employer	Occupation	+
SELF	GENERAL INSURANCE AGENT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	208.35	P/R Deduction (\$208.35 Monthly)
SUBTOTAL of Receipts This Page (option	al)	694.48
TOTAL This Period (last page this line and	mber only)	
IOTAL THIS Period (last page this line nur	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE		11	OF	23
	(check only one)								
	>	<b>1</b> 1a	11b		11c		12		
		13	14		15		16		17

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or for commercial purposes, other than	using the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Massachusetts Mutual Li	fe Insurance Company Political Action C	Committee
Full Name (Last, First, Middle Initial)  MR. JOHN E DEITELBAUM  Mailing Address 11 MIDDLE RD		Date of Receipt
City ELLINGTON	State         Zip Code           CT         06029-3615	O1 31 2016 Transaction ID : PR790248245884  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	269.24
Name of Employer  MASSACHUSETTS MUTUAL LIFE IN Receipt For:	Occupation  SVP & DEPUTY GEN COUNS USIG LAW  Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	269.24	P/R Deduction (\$134.62 Bi-Weekly)
Full Name (Last, First, Middle Initial)  MR. MATTHEW P NATCHA  Mailing Address 3 RIDGEBURY RD		Date of Receipt
City	State Zip Code CT 06001-3825	01 31 2016 Transaction ID : PR790301445884
AVON  FEC ID number of contributing federal political committee.	CT 06001-3825	Amount of Each Receipt this Period  264.44
Name of Employer BABSON CAPITAL MANAGEMENT L	IVIANAGING DIRECTOR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  264.44	P/R Deduction (\$132.22 Bi-Weekly)
Full Name (Last, First, Middle Initial) . MR. ROBERT CASALE		Date of Receipt
Mailing Address 30 THISTLE LN  City	State Zip Code	01 31 2016 Transaction ID : PR790342245884
BRISTOL	CT 06010-8057	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60
Name of Employer  MASSACHUSETTS MUTUAL LIFE IN	Occupation  NS. EVP & CHIEF INFORMATION OFFICER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (or	otional)	918.28
TOTAL This Period (last page this line	e number only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	. 1	12	OF		23	
	(chec	(check only one)										
	X	11a		11b		11c		12				
		13		14		15		16			17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Massachusetts Mutual Life Ins	urance Company Political Action C	Committee
Full Name (Last, First, Middle Initial)  MR. ROGER W CRANDALL  Mailing Address 165 CONVERSE ST APT 13	3	Date of Receipt
City	State Zip Code	01 31 2016 Transaction ID : PR790355945884
FEC ID number of contributing	MA 01106-1755	Amount of Each Receipt this Period 384.60
federal political committee.  Name of Employer	Occupation	
MASSACHUSETTS MUTUAL LIFE INS.  Receipt For:  Primary General  Other (specify) ▼	CHAIRMAN PRESIDENT & CEO  Aggregate Year-to-Date ▼  384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name (Last, First, Middle Initial)  MS. SUSAN A MOORE  Mailing Address 70 BROOKS RD		Date of Receipt
City LONGMEADOW	State Zip Code MA 01106-2129	01 31 2016  Transaction ID : PR790370145884  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	269.24
Name of Employer BABSON CAPITAL MANAGEMENT LLC  Receipt For:  Primary General  Other (specify) ▼	Occupation  MANAGING DIRECTOR  Aggregate Year-to-Date ▼  269.24	P/R Deduction (\$134.62 Bi-Weekly)
Full Name (Last, First, Middle Initial)  TIMOTHY C. FLANAGAN Jr.  Mailing Address 608 BELLE MEADE CT		Date of Receipt
City WAXHAW	State Zip Code NC 28173-7159	01 31 2016  Transaction ID : PR790380345884  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.35
Name of Employer  SELF  Receipt For:  Primary General  Other (specify) ▼	Occupation GENERAL INSURANCE AGENT  Aggregate Year-to-Date ▼  208.35	P/R Deduction (\$208.35 Monthly)
SUBTOTAL of Receipts This Page (optional)		862.19
TOTAL This Period (last page this line number	r only)	7 1 7

	FOR	R LINE	NU	IMBER	:	PAGE	1	13 OF	=	2
Use separate schedule(s)	(che	eck only	or or	ne)						
for each category of the Detailed Summary Page		11a		11b		11c		12		
		13		14		15		16		٦1

		atements may not be sold or used by any personame and address of any political committee to	
	NAME OF COMMITTEE (In Full)		
	, ,	rance Company Political Action Co	ommittee 
١.	Full Name (Last, First, Middle Initial) JEFFREY C. DOLLARHIDE		Date of Receipt
	Mailing Address 9646 E LAUREL LN		01 31 2016
	City	State Zip Code	Transaction ID : PR790394945884
	SCOTTSDALE	AZ 85260-5956	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.65
	Name of Employer	Occupation	
	SELF	GENERAL INSURANCE AGENT	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	416.65	P/R Deduction (\$416.65 Monthly)
3.	Full Name (Last, First, Middle Initial) STEPHEN K. COLLINS		Date of Receipt
	Mailing Address 236 STANFORD DR		01 31 2016
	City	State Zip Code	Transaction ID : PR791191545884
	SAN ANTONIO	TX 78212-2010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	208.15
	Name of Employer	Occupation	
	SELF	GENERAL INSURANCE AGENT	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.15	P/R Deduction (\$208.15 Monthly)
<del>-</del>	Full Name (Last, First, Middle Initial) MR. MICHAEL T ROLLINGS		Date of Receipt
	Mailing Address 5 DURHAM RD		01 31 2016
	City	State Zip Code	Transaction ID : PR791365845884
	LONGMEADOW	MA 01106-1507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	384.60
	Name of Employer	Occupation	
	MASSACHUSETTS MUTUAL LIFE INS.	EVP & CHIEF FINANCIAL OFFICER	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary	384.60	P/R Deduction (\$192.30 Bi-Weekly)
SI	UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1009.40
T	OTAL This Period (last page this line number of	nly)	
	, , , , , , , , , , , , , , , , , , , ,		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF (check only one)

X 11a 11b 11c 12

13 14 15 16

23

12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insurance Company Political Action Committee Full Name (Last, First, Middle Initial) MR. THOMAS M FINKE Date of Receipt Mailing Address 4920 HARDISON RD 2016 31 City Zip Code State Transaction ID: PR791511945884 NC CHARLOTTE 28226-6418 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. Name of Employer Occupation MANAGING DIRECTOR BABSON CAPITAL MANAGEMENT LLC Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$192.30 Bi-Weekly) 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. MR. MICHAEL O'CONNOR Date of Receipt Mailing Address 41 BELLECLAIRE AVE 01 31 2016 City State Zip Code Transaction ID: PR792107745884 LONGMEADOW MA 01106-1415 Amount of Each Receipt this Period FEC ID number of contributing 324.15 federal political committee. Name of Employer Occupation MASSACHUSETTS MUTUAL LIFE INS. SENIOR MANAGING DIRECTOR - MMI Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$192.30 Bi-Weekly) 324.15 Other (specify) Full Name (Last, First, Middle Initial) c. TIMOTHY W. POWERS Date of Receipt Mailing Address 1810 CHADSWORTH DR 01 31 2016 City State Zip Code Transaction ID: PR794959145884 WI SUN PRAIRIE 53590-3554 Amount of Each Receipt this Period FEC ID number of contributing 208.35 С federal political committee. Name of Employer Occupation GENERAL INSURANCE AGENT **SELF** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.35 Monthly) 208.35 Other (specify) 917.10 SUBTOTAL of Receipts This Page (optional)..... 14404.83 TOTAL This Period (last page this line number only).....

#### S 17

	age# 201002133000321331											
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)			FOR LINE NUMBER: PAGE 15 OF 23 (check only one)						
11	EMIZED RECEIPTS	for each category of the Detailed Summary Page					11b	1	1c	12		
<u> </u>					13		14		5	16	X	17
	ny information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)  Massachusetts Mutual Life Insu	rance Co	ompany Political Action	Con	nmitt	ee						
Α.	Full Name (Last, First, Middle Initial) MassMutual Federal Credit Union			ı	Date of Receipt							
Mailing Address 1295 State Street					м = м 01	/	31	_		y y 2016	Y	
	City	State	Zip Code		Trans	sacti	on ID	: 699	56286			
	Springfield	MA	01111	/	Amoun	t of	Each	Recei	pt this	Perio	d	
	FEC ID number of contributing federal political committee.	С					,		,	3	4.66	
	Name of Employer	Occupation										
	Receipt For:	Aggragata	Voor to Data W									
	Primary General	Aggregate	Year-to-Date ▼	Jan-16 Interest - Money Market Account								
	Other (specify)		34.66		Jan-10 interest - Money Market Account							
В.	Full Name (Last, First, Middle Initial)				Date o	f Do	ooint					
Б.	Mailing Address	T i	M = M / D = D / Y = Y = Y									
	City State Zip Code								-		_	
					Amoun	t of	Each	Recei	pt this	Perio	d	
	FEC ID number of contributing federal political committee.	С										
	Name of Employer	Occupation										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33.73		-								
	Other (specify) ▼		<b>,</b> , , , , , , , , , , , , , , , , , ,	ч								
<u>С</u> .	Full Name (Last, First, Middle Initial)				Date o	f Re	ceipt					
	Mailing Address				M = M	/	D	D /	Y	Y = Y	Y	
	City	State	Zip Code		<b></b>			Danai		Davia		
	FEC ID number of contributing federal political committee.	С		Amount of Each Rec					pt triis	Period	u -	
	Name of Employer	Occupation	I									
	Receipt For:  Primary General  Other (specify)	Aggregate	Year-to-Date ▼	1								
	outer (opeony) ▼											

34.66

34.66

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)						
	y information copied from such Reports and St for commercial purposes, other than using the							
	Massachusetts Mutual Life Insur	rance Co	ompany Political Action	Committee				
Α.	Full Name (Last, First, Middle Initial) Road to Freedom PAC			Date of Receipt				
	Mailing Address 228 South Washington Street Suite 115	Ctoto	7in Code	01 29 2016				
	City Alexandria	State VA	Zip Code 22314	Transaction ID: 69960639  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C cod	0486043	3000.00				
	Name of Employer							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	2015 refund of contribution				
В.	Full Name (Last, First, Middle Initial)			Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer	Occupation	1					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼					
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt				
•	Mailing Address			M = M / D = D / Y = Y = Y				
	City	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С						
	Name of Employer							
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼					

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

3000.00

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 17 OF 23
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	-	24 25 26 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Massachusetts Mutual Life Insuran	ce Company Politica	Action C	ommittee	
Full Name (Last, First, Middle Initial)				
A. American Express Merchant Service	es		Date of Disburseme	/ Y Y Y Y Y
Mailing Address P.O. Box 53852	7. Oak		01 05	2016
,	State Zip Code AZ 85072		Transaction ID: 6	69957009
Purpose of Disbursement AMEX Processing Fees (Dec-15)	00072	001	Amount of Each Di	sbursement this Period
Candidate Name	,	Category/ Type		109.88
President	nent For: Primary General Other (specify) ▼		AMEX Processing F	ees (Dec-15)
State: District:				
Full Name (Last, First, Middle Initial)  B.			Date of Disburseme	_
Mailing Address			M M / D D	/
City	State Zip Code			
Purpose of Disbursement			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		.,
President	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)  C.			Date of Disburseme	_
Mailing Address			M M / D D	/
City	State Zip Code			
Purpose of Disbursement			Amount of Each Di	sbursement this Period
Candidate Name	,	Category/ Type	7 tillount of East Bi	
President	nent For: Primary General Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		·····•		109.88
TOTAL This Period (last page this line number only).				109.88

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAG					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b				
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or use e and address of any politica	d by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
Massachusetts Mutual Life Insuran	ce Company Politica	al Action Co	ommittee				
Full Name (Last, First, Middle Initial)	0		Date of Disbursement				
A. National Republican Congressional	Committee		M M / D D / Y Y Y Y				
Mailing Address 320 First Street, SE			01 14 2016				
,	state Zip Code		Transaction ID : 69299701				
Washington Purpose of Disbursement	DC 20003						
2016 National Committee Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	15000.00				
Office County   House		Type	15000.00				
President	nent For:  Primary General  Other (specify)		2016 National Committee Contribution				
State: District:							
Full Name (Last, First, Middle Initial)  B. Prosperity PAC			Date of Disbursement				
Mailing Address 1006 Pendleton Street			01 12 2016				
Alexandria	tate Zip Code VA 22314		Transaction ID : 69299703				
Purpose of Disbursement PAC Event: Feb, 12-13, 2016		011	Amount of Each Disbursement this Period				
Candidate Name Prosperity PAC		Category/ Type	5000.00				
Office Sought: House Disbursem	nent For: Primary General Other (specify) ▼	71	PAC Event: Feb, 12-13, 2016				
Full Name (Last, First, Middle Initial)  C. Ryan For Congress, Inc.			Date of Disbursement				
Mailing Address PO Box 1488			01 12 2016				
,	State Zip Code WI 53547		Transaction ID : 69299704				
Purpose of Disbursement Event: February 12-13, 2016		011	Amount of Each Disbursement this Period				
Candidate Name Rep. Paul D. Ryan		Category/ Type	5000.00				
Senate	nent For: 2016  Primary General  Other (specify)		Event: February 12-13, 2016				
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			25000.00				

SCHEDULE B (FEC Form 3X)	11	FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
Massachusetts Mutual Life Insurar	nce Company Politic	al Action C	ommittee
Full Name (Last, First, Middle Initial)			
National Republican Senatorial Co			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Ronald Reagan Republican Cente 425 2nd Street, NE			01 29 2016
City Washington	State Zip Code DC 20002		Transaction ID: 69687097
Purpose of Disbursement	20002		
2015 Committee Support		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	15000.00
Senate President	ment For: Primary ☐ General Other (specify) ▼		2015 Committee Support
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Roskam For Congress Committee			M M / D D / Y Y Y Y
Mailing Address P. O. Box 713			01 29 2016
	State Zip Code		Transaction ID : 69687098
Wheaton Purpose of Disbursement	IL 60187		
ACLI Event: Feb 2, 2015		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Peter Roskam		Type	500.00
Senate President	ment For: 2016 Primary General Other (specify)		ACLI Event: Feb 2, 2015
State: IL District: 06  Full Name (Last, First, Middle Initial)			
Roskam For Congress Committee			Date of Disbursement
Mailing Address P. O. Box 713			01 29 2016
City	State Zip Code		Transaction ID - 60607000
Wheaton	IL 60187		Transaction ID: 69687099
Purpose of Disbursement ACLI Event: Feb 2, 2016		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Rep. Peter Roskam	mant Fam	Туре	2000.00
Office Sought:    House   Disburse    Senate   President     State:    IL   District:    06	ment For: 2016 Primary General Other (specify)		ACLI Event: Feb 2, 2016
**			47500.00
SUBTOTAL of Disbursements This Page (optional)		·····•	17500.00
TOTAL This Period (last page this line number only	)		
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SCHEDULE B (FEC Form 3X)	Llea caparata ashadula(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Massachusetts Mutual Life Insuran	ce Company Politica	al Action C	ommittee
Full Name (Last, First, Middle Initial)			
A. Majority Committee PAC (Mc PAC)			Date of Disbursement
Mailing Address PO Box 10134			01 29 2016
City	State Zip Code		Transaction ID : 69687100
Bakersfield	CA 93389		11ansaction 1D : 03007 100
Purpose of Disbursement Event: Feb. 3, 2015		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Majority Committee PAC (Mc PAC)		Туре	3000.00
Office Sought: House Disburser  Senate President  State: District:	Primary General Other (specify)		Event: Feb. 3, 2015
Full Name (Last, First, Middle Initial)			
B. Brady For Congress			Date of Disbursement
Mailing Address PO Box 8277			01 29 2016
The Woodlands	State Zip Code TX 77387		Transaction ID : 69687101
Purpose of Disbursement ACLI Event: Feb. 11, 2015		011	Amount of Each Disbursement this Period
Candidate Name Rep. Kevin Patrick Brady		Category/ Type	5000.00
Office Sought: House Disburser	nent For: 2016  Primary General  Other (specify)		ACLI Event: Feb. 11, 2015
Full Name (Last, First, Middle Initial)  C. Tom Rice For Congress			Date of Disbursement
Mailing Address PO Box 70098			01 29 2016
City S Myrtle Beach	State Zip Code SC 29572		Transaction ID : 69687102
Purpose of Disbursement ACLI Event: Feb. 9, 2016		044	
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Tom Rice		Category/ Type	2500.00
Office Sought:    House   Disburser	nent For: 2016  Primary General  Other (specify)	1,1,00	ACLI Event: Feb. 9, 2016
State: SC District: 07			
SUBTOTAL of Disbursements This Page (optional)		······•	12500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B (FEC Form 3X)	Harris I I I I I I	FOR LINE	NUMBER:	PAGE 21 OF 23
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)  Massachusetts Mutual Life Insurance	ce Company Politic	al Action C	ommittee	
Full Name (Last, First, Middle Initial)				
A. VIEW PAC			Date of Disburseme	ent
Mailing Address 701 8th Street, NW - #500			01 29	2016
Washington	tate Zip Code DC 20001		Transaction ID: 6	69687103
Purpose of Disbursement 2016 Committee Support		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		5000.00
	nent For: Primary General Other (specify)		2016 Committee Sup	pport
State: District:				
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disburseme	
Mailing Address			M M / D D	/
City	state Zip Code			
Purpose of Disbursement			Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		
President	nent For: Primary General Other (specify) ▼	.,,,,		,
State: District:  Full Name (Last, First, Middle Initial)				
C.			Date of Disburseme	ent
Mailing Address			W - W / B - B	
City	state Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type		sbursement this Period
	nent For: Primary General Other (specify) ▼	71		
SUBTOTAL of Disbursements This Page (optional)				5000.00
TOTAL This Period (last page this line number only).				60000.00

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SCHEDULE B (FEC Form 3X)	Lico concrete achadula(=)	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 23 24 25 26  X 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Massachusetts Mutual Life Insurance	ce Company Politica	al Action C	ommittee
Full Name (Last, First, Middle Initial)			D . (D)
A. PHILIP D. ROGERO			Date of Disbursement
Mailing Address 1480 SAINT MARKS POND BLVD			01 29 2016
,	tate Zip Code		Transaction ID : 69167421
0.7.0000	FL 32095-8444		1141154541511151151151151
Purpose of Disbursement		010	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	70.00
	ent For:  Primary General  Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)  B. TANIA HERBERT			Date of Disbursement
Mailing Address 2621 THOMAS ST			01 30 2016
,	tate Zip Code CA 90031-2449		Transaction ID: 69167427
Partial Refund (2015 Contribution)		010	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	175.00
	ent For: Primary General Other (specify) ▼		Partial Refund (2015 Contribution)
Full Name (Last, First, Middle Initial)  C. LAWRENCE M. ASUNCION			Date of Disbursement
Mailing Address 1156 BARCELONA DR			01 04 2016
,	tate Zip Code CA 94044-3509		Transaction ID: 69961572
Purpose of Disbursement Dec-15 ACH Refund		040	
Candidate Name		O10 Category/ Type	Amount of Each Disbursement this Period  10.00
President	ent For:  Primary General  Other (specify)	,,	Dec-15 ACH Refund
State: District:			
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)			255.00

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SCHEDULE B (FEC Form 3X)	Hoe consists astroduct (	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23 24 25 26 26
	Detailed Summary Page	27	X 28a 28b 28c 29 30t
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar	ments may not be sold or use	ed by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	and address of any politic	John Miller 10	55 Commodation from Guoti Committee.
Massachusetts Mutual Life Insurar	nce Company Politic	al Action C	ommittee
Full Name (Last, First, Middle Initial)			Date of Dishumannant
A. STEPHEN G. DEBACKER			Date of Disbursement
Mailing Address PO BOX 226			01 04 2016
City PREEMPTION	State Zip Code IL 61276-0226		Transaction ID : 69962066
Purpose of Disbursement Dec-15 ACHRefund		010	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	83.15
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)	1,400	Dec-15 ACHRefund
State: District:			
Full Name (Last, First, Middle Initial)  B. CHARLES T. CIRAVOLO			Date of Disbursement
Mailing Address 12 DARBY DR			01 19 2016
HUNTINGTON STATION	State Zip Code NY 11746-4707		Transaction ID: 69962067
Purpose of Disbursement Void - Uncleared Disbursement		010	Amount of Each Disbursement this Period
Candidate Name CHARLES T. CIRAVOLO		Category/ Type	-45.80
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	71.	Void - Uncleared Disbursement
Full Name (Last, First, Middle Initial)  C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought:    House   Disburser	ment For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		······	37.35
TOTAL This Period (last page this line number only)	)	·····	292.35